**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services

F-03186 (12/2023)

**FORWARDHEALTH**

**PRENATAL CARE COORDINATION MONTHLY TIME LOG  
FOR ONGOING CARE COORDINATION AND MONITORING**

**INSTRUCTIONS:** Type or print clearly. Prenatal care coordination (PNCC) providers can use this form to track their time spent with Medicaid members receiving PNCC services.

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| **SECTION I – MEMBER INFORMATION** | | | | | | |
| 1. Name – Member (Last, First, Middle Initial) | | | | | | |
| 2. Member Medicaid ID Number | | | | | | |
| **SECTION II – PROVIDER INFORMATION** | | | | | | |
| 3. Name and Title – Provider | | | | | | |
| 4. PNCC Provider | | | | | | |
| 5. Name – Supervising Provider | | | | | | |
| 6. Title – Supervising Provider | | | | | | |
| **SECTION III – TIME LOG** | | | | | | |
| Description Codes (To be Used in the Second Column Below): | | | | | | |
| MD = Member Contact – Direct, In-Person CD = Collateral Contact – Direct, In-Person  MT = Member Contact – Telephone/Audio-Only CT = Collateral Contact – Telephone/Audio-Only  MV = Member Contact – Virtual/Audio-Visual CV = Collateral Contact – Virtual/Audio-Visual  S = Staffing / Consultations R = Recordkeeping | | | | | | |
| **Date** | **Description Code** | **Place of Service (POS)** | **Amount of Time Spent With Member** | **Units** | **Documentation of Activities** |
| **Example:** 2/3/23 | MD | Member Home | 1 hour | 4.0 | Met with the member and discussed care plan and arrangements for childcare and transportation for prenatal checkup. The member was provided an opportunity to ask questions about area transportation and childcare providers. They received the name and phone number for four licensed childcare providers and the recommended list was added to the member file. They also received information about non-emergency medical transportation (NEMT). A follow-up call was scheduled at the end of the home visit. |

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| **Date** | **Description Code** | **POS** | **Amount of Time Spent With Member** | **Units** | **Documentation of Activities** |
| **Example:** 2/5/23 | MT | Member Home | 10 minutes | 0.7 | A phone call was placed to follow-up on a home visit that took place two days ago. Confirmed with the member that childcare and transportation for prenatal checkup was secured. The member was provided an opportunity to ask questions about the upcoming prenatal checkup. The member had no questions. |
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| **Date** | **Description Code** | **POS** | **Amount of Time Spent With Member** | **Units** | **Documentation of Activities** |
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| **Total Monthly Units:** | | | **Total Units:** | | |

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| **Rounding Guidelines**  Providers are required to round time units using the following guidelines when submitting claims for ongoing care coordination and monitoring using Healthcare Common Procedure Coding System procedure code T1016 with modifier U3. Refer to the Rounding Guidelines topic (#970) of the ForwardHealth Online Handbook at <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=54&s=2&c=10&nt=Rounding+Guidelines&adv=Y>. | | | | |
| **Accumulated Time** | | | **Unit(s) Billed** | |
| 1–5 minutes | | | 0.3 | |
| 6–10 minutes | | | 0.7 | |
| 11–15 minutes | | | 1.0 | |
| 16–20 minutes | | | 1.3 | |
| 21–25 minutes | | | 1.7 | |
| 26–30 minutes | | | 2.0 | |
| **SECTION IV – BILLING CODES FOR REFERENCE** | | | | |
| **PNCC Service** | **Procedure Code** | **Procedure Code Description** | | **Modifier(s)** |
| Initial assessment | H1000 | Prenatal care, at-risk assessment | |  |
| Care plan development | H1002 | Prenatal care, at-risk enhanced service; care coordination | | Required: U2 (Initial care plan development) |
| Health education or nutrition counseling | H1003 | Prenatal care, at-risk enhanced service; education | | Optional: TT (Individualized service provided to more than one patient in same setting) |
| Follow-up in allowable POS other than the provider’s service location | H1004 | Prenatal care, at-risk enhanced service; follow-up home visit | |  |
| Ongoing care coordination and monitoring, assessment updates, and care plan updates | T1016 | Case management, each 15 minutes | | Required: UA (PNCC service provided) and U3 (Ongoing care coordination and monitoring) |
| Note: PNCC services are limited to $1,938.40 per member, per pregnancy. | | | | |
| **SECTION V – SIGNATURE** | | | | |
| **SIGNATURE –** Provider | | | | |
| Name – Provider (Print) | | | | |
| **SIGNATURE –** PNCC Provider’s Qualified Professional | | | | |
| Name – PNCC Provider’s Qualified Professional (Print) | | | | |
| Date Form Completed | | | | |